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Bib Data Sheet

**CONFIRMATION NO. 3729** 

| SERIAL NUMBER<br>10/531,687  | FILING OR 371(c) DATE 11/02/2005 RULE   | C                                     | <b>CLASS</b><br>435           | <b>GROUP AR</b> 1651   |  | TIMILI I              |  | ATTORNEY<br>OCKET NO.<br>941960 |
|--|---|---------------------------------------|-------------------------------|------------------------|--|-----------------------|--|---------------------------------|
| Katarina D.M. F Michele I. Van I  ** CONTINUING DAT This application   | teer, London, CANADA<br>Pintar, St.Agatha Ontario<br>Dyke, London Ontario, (<br>A *********************************** | o, CANAI<br>CANADA<br>**<br>'01557 10 | N;                            |                        |  |                       |  |                                 |
| ** SMALL ENTITY **   |   |                                       |                               |                        |  |                       |  |                                 |
| Foreign Priority claimed  35 USC 119 (a-d) conditions met  Verified and Acknowledged  yes  no  Met after Allowance  Initials |   |                                       | STATE OR<br>COUNTRY<br>CANADA | SHEETS<br>DRAWING<br>4 |  | TOTAL<br>CLAIMS<br>21 |  | INDEPENDENT<br>CLAIMS<br>3      |
| ADDRESS<br>33798   |   | A                                     | IR MAIL                       |                        |  | -                     |  |                                 |
| TITLE<br>Rapid coliform detecti  | on sytem  |                                       |                               |                        |  |                       |  |                                 |
| RECEIVED No.   | S: Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT for following:                                  |                                       |                               |                        | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit |                       |  |                                 |